

**UNCOMPENSATED CARE POOL
REGULATION IMPLEMENTATION
Q's & A's
(September 2004)**

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Application Questions

What will be the basic process for determining eligibility for uncompensated care (UCP) as of 10/1/04?

Beginning 10/1/04, providers will be transitioning to a unified application through the virtual gateway system. During the transition there will be three methods of determining eligibility for UCP.

1. Those providers with access to the Virtual Gateway (VG) should use this option, but if they are within their 60-day transition period they may also continue to use the electronic free care application.
2. Providers, whether or not they have access to the VG, may use the paper MBR application and send it to the MassHealth CPU. These applications will determine eligibility for the UCP as well as MassHealth after 10/1/04. Determinations for these applications will be accessible through REVS.
3. Providers without access to the VG may continue to use the electronic free care application to determine UCP eligibility only. These applications will not be determined through MA-21 and eligibility determinations will not be accessible through REVS.

After 10/1/04, hospitals and CHCs will continue to process applications for individuals aged 65 or older and for those applying for medical hardship. These applications will be submitted to DHCFP using the electronic free care. Because these types of applications are done by the facilities themselves, UCP eligibility for these individuals will not be visible on REVS.

If a patient doesn't qualify for MassHealth, can't the provider just complete the uncompensated care (UCP) application?

No, all individuals with the exception of those over 65 years old, *under 65 residing in a MA Nursing Home (on PACES as opposed to MA- 21)* and those applying for medical hardship must complete an MBR.

What if a patient only wants UCP and refuses to fill out the MBR?

All applicants for UCP must be screened for MassHealth if the provider is using the old electronic Free Care Application. If a provider has been transitioned to the Virtual Gateway all applicants for the UCP must apply for MassHealth in order to apply for UCP. Individuals may not choose to apply only for UCP once a provider is on the Virtual Gateway.

What if a patient doesn't want to apply for MassHealth because they don't have an SSN?

Individuals may still apply for MassHealth even without an SSN. Those individuals may still be eligible for certain MassHealth programs, and/or UCP.

How do providers store applications and documentation for people who are awarded UCP through the MassHealth application process?

All collected MBRs and supporting documentation, regardless of whether they are for MassHealth or free care eligibility, will be handled the way providers handle documentation for MassHealth purposes.

For applications for those aged 65 and older and medical hardship applications, providers will use the existing application process and continue to keep necessary documentation at their sites.

How can patients apply for MassHealth and UCP eligibility at home?

Providers can hand out or send a paper MBR to the patient and instruct the patient to return the completed form directly to the MassHealth CPU. Or, providers may direct applicants to return the application to the provider and the provider may then send the application to the CPU. The provider should not however, use the application to fill out an application via the Virtual Gateway using the information on the form.

Eligibility Questions

Will UCP applications processed just before getting access to the virtual gateway common application (even if it is after 10-1-04) still be valid for one year?

Yes, UCP applications processed with the existing software will continue to be valid for one year.

If a patient is found to be eligible for UCP right before October 1st, and then visits another facility during the next year, will the new provider have to fill out a condensed application to determine eligibility for that facility?

Yes, until the MassHealth application process is used for eligibility determinations, UCP eligibility will still be facility-specific. However, if the new provider has access to the virtual gateway, that provider can choose to use the MassHealth application process to complete a new application for the patient.

If a patient has applied for disability and is awaiting a decision, what is their eligibility status?

Individuals who have completed a DDU supplement and require a disability determination will be considered eligible for UCP coverage during this “pending period” if they are otherwise income eligible for UCP. Once a determination has been made, they will potentially convert to another MassHealth category on REVS if their approved disability affords them MassHealth coverage.

Are MassHealth members still eligible for UCP as wrap-around coverage to pay for co-pays, deductibles, and non-covered services?

If a person is found to be eligible for MassHealth, wrap-around coverage is as follows:

- MassHealth co-pays are no longer eligible for reimbursement from UCP
- MassHealth deductibles are no longer eligible for reimbursement from UCP
- Services not covered by MassHealth, but that are UCP “eligible services,” are eligible for reimbursement from UCP

In what instances can hospitals or CHC’s bill the UCP for services that meet the requirements of eligible services but are not covered by a patient with MassHealth?

When providers use the MassHealth application process and a patient is enrolled in MassHealth, providers can bill the pool for eligible wrap-around coverage of Eligible Services without any additional eligibility determinations or applications. A condensed application is not necessary.

What's the relationship between MassHealth spend downs and partial UCP deductibles?

Both the MassHealth spend-down and the partial UCP deductible have medically necessary criteria. However, medically necessary MassHealth spend-down services can cover a much broader scope while only medically necessary CHC and acute hospital services meet the UCP deductible.

For example, while UCP patients can use bills from CHC dentists to meet the deductible, they cannot use bills from private dentists to meet their deductibles. A MassHealth spend-down patient can use a bill from a private dentist or physician or pharmacy or optometrist to meet the spend-down.

If a patient must meet both a MassHealth spend down/deductible and an uncompensated care deductible the patient may use the same expenses towards meeting both deductibles -- as long as the expenses used to count towards the UCP deductible were for medically necessary services as defined under 114.6 CMR 12.00. If the MassHealth deductible was never met, then the partial free care deductible applies and must be fulfilled.

NOTE: A UCP patient CAN use these bills to meet the Medical Hardship contribution.

If a patient says that they have fulfilled their partial UCP deductible, but they have no documentation as proof, what is the provider's responsibility?

Without proof that an individual has met his/her partial UCP deductible, claims for services cannot be written off to the Uncompensated Care Pool. Providers and patients are responsible for tracking the deductible; providers can assist patients by contacting other hospitals and/or CHCs to try to get documentation of a met deductible.

If a person is identified eligible for EAEDC, CenterCare, Healthy Start, or CMSP, does the provider still have to fill out a common intake form/MBR?

EAEDC- Providers must check REVS to determine eligibility. If REVS shows that the patient is eligible for EAEDC, no further application is required. Patients eligible for EAEDC are automatically eligible for MassHealth and will be listed in REVS as eligible for a MassHealth program. These patients are eligible for UCP wrap-around coverage as well, due to their low income patient status.

CenterCare- CenterCare enrollees use a CHC as their primary care provider. Since CenterCare is not a MassHealth program they will not be listed on REVS. To determine eligibility at hospitals, the provider must complete the MassHealth application process with the patient.

Healthy Start- Providers must check REVS to determine eligibility. For women who receive services through Healthy Start, eligibility determinations for MassHealth and

UCP must be completed using the MassHealth application process. Individuals on Healthy Start may be eligible for MassHealth Limited or UCP coverage for hospital and CHC services, in addition to Healthy Start services.

CMSP- Providers must check REVS to determine eligibility. If REVS shows that the patient is eligible for CMSP, the eligible individual must show their CMSP card in order to receive wrap-around UCP services. These cards show the patient's FPL level; only patients under 400% FPL are eligible for UCP wrap-around coverage.

Does the provider get a letter notifying them of the eligibility determination?

Yes, if the patient applies through the VG common intake form and signs a permission to share (PSI) form the provider will receive a letter notifying them of the eligibility determination. If the applicant uses the paper MBR, the provider will only get a letter if the patient fills out a PSI and requests that a letter be sent to the provider. PSIs are not required for paper MBRs, patients have the option to fill them out.

Can providers access REVS to find out if an individual has already been determined to be eligible for UCP?

UCP eligibility can be checked using REVS after 10/1/2004 if the patient has applied through the MassHealth application process. REVS will always show the richest aid category for an individual. If a patient is eligible for MassHealth then a MassHealth message will be visible; if the patient is only eligible for UCP, then a UCP message will be visible. It is assumed that the provider can bill the pool for wrap services for any MassHealth eligible patient.

Software Questions

Will providers still be able to use the desktop UCP application software after 10-1-04?

The UCP application software may still be used after 10-1-04 in the following instances:

- Hospitals will use the existing UCP application software until they have access to the virtual gateway common application. Once hospitals have access to the virtual gateway, they will have 60 days to transition all UCP intakes to the common application/MBR for processing through MassHealth.
- For people whose UCP eligibility expires during this 60-day transition period, uncompensated care re-determinations may be completed using the electronic uncompensated care application. Preferably, these re-determinations should be completed using the MassHealth application process.
- Until further notice, providers will use the existing UCP application software for individuals over 65 years old, and for individuals applying for medical hardship.

Contact Numbers

Where do providers call with questions about how to fill out an MBR?

Contact 1-888-665-9993, a MassHealth Enrollment Center, as you do today.

Where do providers call with questions about how to use the common virtual gateway application?

Questions about the common application may be directed to the Virtual Gateway help desk at: (800) 843-7114.

Where do providers call with UCP policy questions?

UCP policy and business questions will continue to be answered by the help line at the Division of Health Care Finance and Policy: (617) 988-3222.

Where do providers call if there is a UCP application software problem?

Problems with the DHCFP free care application software can be directed to each facility's provider liaison.

Where do patients call with UCP eligibility determination questions, or if they would like to file a grievance?

Questions should be directed to the Uncompensated Care Pool line at: (617) 988-3222

If a patient has questions regarding which services are eligible for payment from UCP, the patient should contact their provider if they have one or call the Uncompensated Care Pool line at: (617) 988-3222

REVS System Access and Changes

As free care eligibility is determined using the MBR and the MassHealth application process, providers will be able to access patient free care eligibility information through REVS, as is now done for MassHealth.

The REVS message that will be visible to free care providers will be as follows: “Uncompensated Care Pool is for certain hospital and CHC services only. For more information, call 617-988-3222.”

If an individual has been approved for partial free care, the REVS message will include the amount of the family deductible as well. Please note, however, that the deductible listed on REVS is still only the deductible calculated at the time of the eligibility determination. Patients and providers will need to track changes in the deductible during the eligibility period as they do today.

REVS will be programmed so that providers may use it to check retroactive eligibility for claims with service dates prior to eligibility begin dates.

Free care eligibility information should be posted onto REVS within 48 hours from the date that an eligibility determination is made, similar to the current posting of MassHealth eligibility information.

Transitioning from the FC Application Software to the MassHealth Application Process

For the first 60 days after a hospital or CHC is connected to the virtual gateway, providers will be allowed to continue using the electronic uncompensated care application as they gradually phase-out of that system and into the gateway. This 60 day period will allow providers to gradually transition from the current intake process to the new common intake system.

Re-determinations for individuals whose uncompensated care eligibility has expired may also be submitted using the electronic free care application during this transition period.

Providers will continue to use the UCP application process even after they are connected to the virtual gateway, for applicants over age 65 and for applicants applying for medical hardship. Applications for people over age 65 will be transitioned to the new MassHealth application process sometime in 2005.

Mailing Applications

To accommodate those applicants who wish to complete their eligibility forms at home, and for those who require this alternative, there are two possible options.

- Providers can mail/hand out a paper MBR to the applicant, provide instructions on how to fill it out, and request that they send the completed form directly to the MassHealth CPU.

Application Deadlines and Time Frames

With the implementation of the MassHealth application process for UCP eligibility determinations, the following time frames are relevant:

- UCP eligibility will no longer be determined immediately at each facility; providers must check REVS to see if a patient is MassHealth or UCP eligible
 - *Exception-* For the age 65 and older population and for medical hardship applications, UCP eligibility can still be determined using the old electronic FC application and can therefore be determined immediately
- The signature page, ERD (if applicable), PSI and absent parent form (if applicable) must be sent to the CPU within three days
- Necessary documentation (like income) should be sent or faxed to the CPU within three days of application submission. After three business days, documentation should be sent to the appropriate MEC.
- If the applicant does not provide documentation within the first three days, s/he will receive a notice requesting them. The applicant has a total of 60 days to provide necessary verifications before being disenrolled from MassHealth/UCP
- Changes to the original application within the first three days after submission may be made using the Change Form faxed to the CPU. After three business days, changes may be faxed or sent to the appropriate MEC.